

April 2, 2012

CERTIFIED MAIL (7007 1490 0003 4207 7003)

Catherine Fong
Evergreen Adult Family Home LLC
PO Box 365
Issaquah, WA 98028

License # 751326

IMPOSITION OF CONDITIONS

Dear Ms. Fong:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **16314 SE 44th Way, Issaquah**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on March 22, 2012.

WAC 388-76-10195(1) Adult family home – Staff – Generally.

The facility failed to ensure there was awake staff to meet the needs of six residents at night.

WAC 388-76-10390(1)(a)(2)(a) Admission and continuation of services.

The facility admitted one resident whose needs the home could not safely provide.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***Licensee shall provide 24 hour awake staff to assist residents with wandering behaviors and to provide incontinence care and re-positioning when there are residents in the home requiring this care.***

- ***Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location visible to residents and visitors.***

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Evergreen Adult Family Home LLC

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Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Avenue South, Suite 400
Kent, WA 98032
Phone: (253) 234-6033/ Fax: (253) 395-5070

If you have any questions, please contact Bennetta Shoop at (253) 234-6033.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA- King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
John Ficker, HCS